

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL FORM
(*only for new nonprovisional applications under 37 CFR 1.53(b)*)

ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

BOX: PATENT APPLICATION

SIR:

Transmitted herewith for filing is the patent application (including Specification, Claims, Sequence Listing (if applicable) and Abstract, 14 pages) of:

Inventor(s): Michelle Q. Wang Baldonado

For : SYSTEMS AND METHODS FOR THE DISCOVERY AND PRESENTATION OF
ELECTRONIC MESSAGES THAT ARE RELATED TO AN ELECTRONIC
MESSAGE

***If a CONTINUING APPLICATION, please mark where appropriate and supply the requisite information below and in a preliminary amendment:*

☐ continuation ☐ divisional ☐ Continuation-In-Part (CIP)
of prior application Serial No.

Prior application information: Examiner :
Art Unit :

Enclosed are:

☒ 4 sheets of formal drawings.

☒ Signed Combined Declaration and Power of Attorney (2 pages).

☐ Copy of signed Combined Declaration and Power of Attorney (____ pages) from a prior application (1.63(d) (for continuation/divisional).

☐ Signed statement deleting inventor(s) named in prior application (____ pages) (1.63(d)(2) and 1.33(b)).

☐ **Incorporation By Reference:** The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied herewith, is considered as being part of the disclosure of the enclosed application and is hereby incorporated by reference therein.

☒ Assignment (1 pages) of the invention to **Xerox Corporation**.

☒ Assignment Transmittal Letter.

☐ Certified copy of a foreign priority document.

☐ Associate power of attorney.

☐ Applicant claims small entity status. (See 37 CFR 1.27.)

- ☐ Preliminary Amendment (____ pages).
- ☒ Information Disclosure Statement, form PTO-1449 (1 pages) and 7 references.
- ☐ **UNSIGNED** Combined Declaration and Power of Attorney (____ pages).
- ☐ Statement in Accordance with 37 CFR § 1.821(f) and computer readable 3.5" Diskette.
- ☒ A self-addressed, prepaid postcard acknowledging receipt.
- ☐ Other:

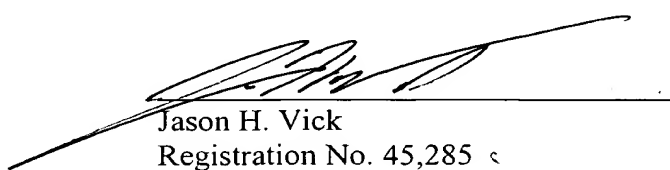
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	(Col. 1)	(Col. 2)	SMALL ENTITY			LARGE ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	OR	RATE	FEE
BASIC FEE	XXXXXXXX	XXXXXXXX	XXXX	\$355	OR	XXXX	\$710
TOTAL CLAIMS	21- 20 =	1	x 9 =	\$	OR	x 18 =	\$ 18
INDEP CLAIMS	4- 3 =	1	x 40 =	\$	OR	X80 =	\$ 80
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			x135 =	\$	OR	x270 =	\$
*If the Total Claims are less than 20 and Indep. Claims are less than 3, enter "0" in Col. 2			TOTAL	\$	OR	TOTAL	\$808

- ☒ Please charge my Deposit Account No. 24-0037 in the amount of \$ 848.00. **A duplicate copy of this sheet is enclosed.**
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- ☒ Address all future communications to:

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